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26633 7590 04/17/2008 HELLER EHRMAN LLP 1717 RHODE ISLAND AVE, NW WASHINGTON, DC 20036-3001				Certificate of Mailing or Transmission I hereby certify that this Fec(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USP10 (571) 273-2885, on the date indicated below.				
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONI	FIRMATION NO.
09/902,066 TITLE OF INVENTION	07/10/2001 SYSTEM FOR AUTO	MATICALLY MONITO	Joseph Weinberger PRING COPIERS FROM	A REMOTE LOCA	TION	118-004F		1252
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740		07/17/2008
EXAM	INER	ART UNIT	CLASS-SUBCLASS	٦				
HUNTSINGER, PETER K		2625	358-001150	358-001150				
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A	ondence address (or Cha 3/122) attached. ication (or "Fee Address 12 or more recent) attach ND RESIDENCE DATA	2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm thaving as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agent). If no name is 1 itsele, no name will be printed. THE PATIENT (print or type) data will appear on the patient. If an assignee is identified below, the document has been filed for TS ausbituties for filing an assignment.						
(A) NAME OF ASSI			(B) RESIDENCE: (CIT					
Imaging Portal	s, Inc.		Simi Valley,	CA				
Please check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual ∠C	orporati	ion or other private gr	oup entit	y 🛭 Government
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	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no lo					
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Authorized Signature	/Robert O. Groov	er III/		Date 07/17				
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